

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: JANELL M. GOTTESMAN
TITLE: PATIENT INFORMATION MANAGEMENT SYSTEM FOR CLINICAL EVALUATION AND CONTENT DELIVERY

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 323 972 078 US, on this 28th day of August, 2003.

19587 U.S. PTO
10/650569
08/28/03

MOLLY CHLEBECK
Printed Name
Molly Chlebeck
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 18 (including claims and abstract: Spec. 13 sheets; Claims 4 sheets; Abstract 1

X Drawings:

Total sheets: 7

☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney:

☒ unexecuted

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

X Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application
No. .

☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐ Cancel in this application original claims ____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned to record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: __.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☒ Address all future correspondence to: Daniel G. Chapik, Reg. No. 43,424
Telephone: (763) 514-3066
No. 27,581

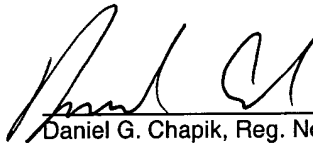
FEE CALCULATION	No. of Claims			No. of	Rate	Fee
	Filed	Claims Included in	Base Fee	Extra		
Total Claims	20	20	=	0	x 18	\$0.00
Independent Claims	4	3	=	1	x .84	\$84.00
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$750.00
TOTAL						\$834.00

☒ Charge Deposit Account No. 13-2546 in the amount of \$834.00 for the filing fee and extra claim fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

8/27/03



Daniel G. Chapik, Reg. No. 43,424
Telephone: (763) 514-3066
No. 27581